

DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

As a below named inventor, I hereby declare that: my residence, post office address and country of citizenship are as stated below, next to my name; I believe I am the original, first, and sole inventor (if only one name is listed below) or an original, first, and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled CHARGING SYSTEM.

the specification of which

is attached hereto.
 was filed on June 29, 2001 as
 United States Application Number 09/894,883
 or PCT International Application Number _____
 and was amended on _____
 (if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above. I acknowledge the duty to disclose all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

I hereby claim foreign priority benefits, under 35 U.S.C. 119(a)-(d) or 365(b), of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

Priority
Claimed?

<u>NONE</u>	<u>(Number)</u>	<u>(Country)</u>	<u>(Foreign Filing Date)</u>	<u>Yes</u>	<u>No</u>

I hereby claim the benefit, under 35 U.S.C. 119(c), of any United States provisional application(s) listed below:
NONE

<u>(Application Number)</u>	<u>Filing Date</u>

I hereby claim the benefit, under 35 U.S.C. 120, of any United States application(s) listed below:

<u>(Application Number)</u>	<u>Filing Date</u>	<u>(Status -- patented, pending, abandoned)</u>
		<u>(Status -- patented, pending, abandoned)</u>

I hereby appoint: Donald R. Antonelli, Reg. No. 20,296; Melvin Kraus, Reg. No. 22,466; William J. Solomon, Reg. No. 28,565; Gregory E. Montone, Reg. No. 28,141; Ronald J. Shore, Reg. No. 28,577; Donald E. Stout, Reg. No. 26,422; Alan E. Schiavelli, Reg. No. 32,087; James N. Dresser, Reg. No. 22,973; Carl I. Brundidge, Reg. No. 29,621; Paul J. Skwierawski, Reg. No. 32,173; and Robert M. Bauer, Reg. No. 34,487; of ANTONELLI, TERRY, STOUT & KRAUS, LLP with offices located at 1300 North Seventeenth Street, Suite 1800, Arlington, Virginia 22209, my attorneys, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith.

Send all correspondence to:

Customer Number 020457
ANTONELLI, TERRY, STOUT & KRAUS, LLP
1300 North Seventeenth Street
Suite 1800
Arlington, VA. 22209

Direct all telephone calls and faxes to:

TEL: (703) 312-6600
FAX: (703) 312-6666

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole/First Inventor Tetsuya YAMAMOTO

Inventor's Signature T.Y. Date Sep. 21, 2001
Residence Same as Post Office Address Citizenship Japan
(City, State) (Country of Citizenship)
Mailing Address 167-54, Naganuma-cho, Inage-ku, Chiba-shi Chiba-ken 263-0005 Japan

Full Name of Second/Joint Inventor _____

Inventor's Signature _____ Date _____
Residence _____ Citizenship _____
(City, State) (Country of Citizenship)
Mailing Address _____

Full Name of Third/Joint Inventor _____

Inventor's Signature _____ Date _____
Residence _____ Citizenship _____
(City, State) (Country of Citizenship)
Mailing Address _____